

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	76530	10-27-00
O.I.P.E. CLASSIFIER			11/27/00
FORMALITY REVIEW	CM	76532	11/28/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	5/28/00
1 ✓	
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Claim	Date
Final Original	5/28/00
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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